

Case Number:	CM15-0078673		
Date Assigned:	05/29/2015	Date of Injury:	09/27/2014
Decision Date:	06/25/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male, who sustained an industrial injury on September 27, 2014. He reported phobic anxiety, intrusive and distressing traumatic recollections, diminished emotional control, irritability, distractibility, fragility and panic attacks following a motor vehicle accident with associated spinal injury. The injured worker was diagnosed as having neck sprain and strain. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of back pain, neck pain, right shoulder pain, phobic anxiety, intrusive and distressing traumatic recollections, diminished emotional control, irritability, distractibility, fragility and panic attacks. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he had previous back injuries while in the military and post-traumatic stress disorder. He reported driving a limousine and being rear ended. He finished his drive however the neck and back pain became progressively worse. Evaluation on April 23, 2015, revealed continued psychological abnormalities. A psychological evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Psychological tests: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

Decision rationale: Citation Summary: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: A request was made for "psychological tests"; the request was noncertified by utilization review with the following provided rationale: "California MTUS guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. In this case, the psychological test should be withheld until the psychological evaluation is completed, to ensure that the patient has symptoms that would warrant testing. Therefore the requested psychological tests are not medically necessary or appropriate." A simultaneous request for a psychological evaluation was approved. This IMR will address a request to overturn the utilization review decision. The medical necessity of the request for psychological tests is not established by the documentation provided for this review. The request itself is non-specific in terms of which psychological tests are being requested and how many. Thus the request is essentially an open ended request for unlimited quantity of psych testing with no specification as to which tests are to be used. The medical records did not provide a readily found clearly stated rationale for this request. A comprehensive psychological evaluation was completed on April 23, 2015, this comprehensive psychological evaluation included 5 psychological tests as well. The request for additional psychological tests appears to be redundant given the recent completion of a psychological evaluation that included psychological testing. For these reasons, the medical necessity the request is not established and therefore the utilization review determination for non-certification is upheld. Therefore, the requested treatment is not medically necessary.